



Haq, ek behtar zindagi ka.

COMMON APPLICATION FORM FOR LIQUID AND DEBT SCHEMES

(OCBs ARE NOT ALLOWED TO INVEST IN UNITS OF ANY OF THE SCHEMES OF UTI MF)

Sr.No. 2021/

TIME STAMP

Registrar Sr. No.

(Please read instructions carefully before filling the form and use BLOCK LETTERS only)

Table with columns: ARN / RIA Code, Name of Financial Advisor, Sub ARN Code, Sub Code/ Bank Branch Code, M O Code, EUI No., UTI RM No., BDA / CA Code

By mentioning RIA code, I/we authorise you to share with the Investment Adviser the details of my/our transactions. Upfront commission shall be paid directly by the investor to the AMFI / NISM certified UTI MF registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

I/We confirm that the EUIN box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributor personnel concerned or notwithstanding the advice of in-appropriateness, if any, provided by such distributor personnel and the distributor has not charged any advisory fees for this transaction.

Signature of 1st Applicant / Guardian

Signature of 2nd Applicant

Signature of 3rd Applicant

TRANSACTION CHARGES TO BE PAID TO THE DISTRIBUTOR (Please tick any one of the below) (Refer Instruction 'i')

I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS OR I AM AN EXISTING INVESTOR IN MUTUAL FUNDS. ₹ 150 will be deducted as transaction charges per Subscription of ₹ 10,000 and above OR ₹ 100 will be deducted as transaction charges per Subscription of ₹ 10,000 and above

Existing Unit Holder information : If you have an existing Folio No. with PAN & KYC validation, mention your Folio No. :

APPLICANT'S PERSONAL DETAILS Mr. Ms. Mrs. M/s. * Denotes Mandatory Fields

Name of First Applicant / Mentally Handicapped Persons (for UTI Bond Fund)

Grid for Name and Date of Birth (d d m m y y y y) Mandatory for minors

Date of birth will be taken as per the KYC record (Not applicable for minor child)

NAME IN FULL OF THE FATHER (OR) MOTHER/ GUARDIAN (If Minor) / Contact Person And Designation - For Institutional Applicants / Alternate Applicant (in case of UTI BOND FUND)

Mr. Ms. Mrs. Grid for Name

Proof of date of birth and proof of relationship with minor to be attached or else sign the declaration on the reverse (Refer instruction f)

*PAN/PEKRN\$ OF 1ST APPLICANT/FATHER/MOTHER/GUARDIAN

Enclosed PAN/PEKRN CARD/ID PROOF COPY

CKYC ID

Enclosed Know Your Customer (KYC)* Acknowledgement Copy

First Applicant's Address (Do not repeat the name) Name & Address of resident relative in India (for NRIs) (P.O. Box No. is not sufficient)

Village/Flat/Bldg./Plot*, Street/Road/Area/Post, City/Town*, State, Pin*

OVERSEAS ADDRESS (Overseas address is mandatory for NRI / FPI applicants in addition to mailing address in India)

Grid for Overseas Address, State, Country*, City*, Zip/Pin*

DETAILS OF OTHER APPLICANTS

Name of 2nd Applicant Mr. Ms. Mrs. M/s. Date of Birth of 2nd Applicant Grid

*PAN/PEKRN\$ OF 2ND APPLICANT Enclosed PAN/PEKRN CARD/ID PROOF COPY

CKYC ID Enclosed Know Your Customer (KYC)* Acknowledgement Copy

Name of 3rd Applicant Mr. Ms. Mrs. M/s. Date of Birth of 3rd Applicant Grid

*PAN/PEKRN\$ OF 3RD APPLICANT Enclosed PAN/PEKRN CARD/ID PROOF COPY

CKYC ID Enclosed Know Your Customer (KYC)* Acknowledgement Copy

\$ Required for MICRO Investment upto ₹ 50,000/- (refer instruction 'q')

PAYMENT DETAILS (Please ensure that the cheque complies to the CTS 2010 standards) (Refer Instruction 'y')

#Cheque/DD/NEFT/*RTGS Ref. No. / Unique Serial No. (For Cash) Cash Account type (please ✓) Savings Current NRE NRO DD issued from abroad

Account No. Date Amt. of investment (i) UTI Smart Form if already registered (Applicable for existing investors)

Bank DD Charges if any (ii) # Please mention the application No. on the reverse of the cheque / DD, NEFT / RTGS advice. Cheque / DD must be drawn in favour of "The Name of the Scheme" & crossed "A/c Payee Only"

Branch Net amount paid (i-ii) Investment amount shall be ₹ 2 lacs and above in case of payments through RTGS.

Amt. in words

BANK PARTICULARS OF 1ST APPLICANT (Mandatory as per SEBI Guidelines)

Bank Name			Branch
Address			MICR Code
	City	Pin*	(this is a 9-digit number next to your cheque number)
Account type (please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE			IFS Code
Account No.			(this is a 11-digit number)

INVESTMENT DETAILS (FOR "DIRECT PLAN" PLEASE TICK HERE & TICK SCHEME, PLAN/OPTION / SUB-OPTION GIVEN BELOW) (Refer Instruction 'j') PLEASE USE SEPARATE FORM FOR EACH SCHEME

UTI OVERNIGHT FUND Growth Daily IDCW (Reinvestment) Periodic IDCW (Payout) Periodic IDCW (Reinvestment)
(Default-Growth Option)

UTI BANKING & PSU DEBT FUND UTI CREDIT RISK FUND UTI SHORT TERM INCOME FUND

Growth Monthly IDCW (Payout) Monthly IDCW (Reinvestment)

Quarterly IDCW (Payout) Quarterly IDCW (Reinvestment) Half Yearly IDCW (Payout)

Half Yearly IDCW (Reinvestment) Annual IDCW (Payout) Annual IDCW (Reinvestment) (Default-Growth Option/Sub Option)

Flexi IDCW (Payout) Flexi IDCW (Reinvestment) except for UTI-STIF where the default is Qtly. IDCW Sub Option

UTI CORPORATE BOND FUND UTI BOND FUND UTI DYNAMIC BOND FUND UTI FLOATER FUND

Growth Quarterly IDCW (Payout) Quarterly IDCW (Reinvestment)

Half Yearly IDCW (Payout) Half Yearly IDCW (Reinvestment) Annual IDCW (Payout)

Annual IDCW (Reinvestment) Flexi IDCW (Payout) Flexi IDCW (Reinvestment) (Default-Growth Option)

UTI ULTRA SHORT TERM FUND UTI LIQUID CASH PLAN UTI MONEY MARKET FUND UTI TREASURY ADVANTAGE FUND

UTI MEDIUM TERM FUND

Growth Daily IDCW (Reinvestment)^{&&&} Weekly IDCW (Payout)^{&&}

Weekly IDCW (Reinvestment)^{&&&} Fortnightly IDCW (Payout)^{&&&} Fortnightly IDCW (Reinvestment)^{&&&}

Monthly IDCW (Payout) Monthly IDCW (Reinvestment) Quarterly IDCW (Payout)

Quarterly IDCW (Reinvestment) Half Yearly IDCW (Payout) Half Yearly IDCW (Reinvestment)

Annual IDCW (Payout) Annual IDCW (Reinvestment) Flexi IDCW (Payout)

(Default-Growth Option under UTI USTF, UTI MMF & UTI MTF)
(Default-Daily IDCW (Reinvestment) under UTI LCP & UTI TAF)

Please Note:

IDCW - Income distribution cum capital withdrawal option

^{&&} Weekly IDCW (Payout) Option **NOT** available under UTI Liquid Cash Plan, UTI Ultra Short Term Fund & UTI Medium Term Fund

^{&&&} Daily IDCW (Reinvestment), Weekly IDCW (Reinvestment), Fortnightly IDCW (Payout), Fortnightly IDCW (Reinvestment) options are not available under UTI Medium Term Fund

For Income Distribution Policy relating to various Options / Sub Options, please refer to SID.

UTI GILT FUND Growth IDCW (Payout) IDCW (Reinvestment) (Default-Growth Option)

Details of Beneficial Ownership (Please tick applicable category). Ownership details to be provided if the Ownership percentage/interest in the trust of any Beneficiary is as per the threshold limit provided below. Details to be provided for each such beneficiary. (Refer instruction q)

Category	<input type="checkbox"/> Unlisted company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Unincorporated Association/Body of Individuals	<input type="checkbox"/> Trust	<input type="checkbox"/> Foreign Investor \$\$\$
Ownership per cent @@@	>25%	>15%	>15%	>=15%	

@@@ Ownership percentage of shares/capital/profits/property of juridical person/interest in the Trust as on the date of the application shall be furnished by the investor.

\$\$\$ In the case of Foreign investors, the beneficial ownership will be determined as per SEBI guidelines. For details refer to SAI/relevant Addendum.

In case of any change in the beneficial ownership, the investor will be responsible to intimate UTI AMC / its Registrar / KRA as may be applicable immediately about such change.

Details of Beneficial Ownership (Please attach a separate sheet with this format if the space provided is insufficient)

Sr. No.	Name	Address	Details of Identity such as PAN / Passport	% of ownership
1				
2				
3				

[Please attach self attested copy of PAN/Passport (proof of photo identity) along with application form]

Information to be provided by all Applicants in the same sequence of Names as given in this Application form

Are you a tax resident of any country other than India ?

If **No**, please tick here: First Applicant Second Applicant Third Applicant

If **yes**, please fill in the Particulars in the prescribed Form for FATCA/CRS and attach it with this Application Form.

NOMINATION DETAILS (Please ✓) (please sign if you do not wish to nominate)

I/We hereby nominate the undermentioned Nominee to receive the amounts to my / our credit in the event of my / our death. I/We also understand that all payments and settlements made to such Nominee and signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustee.

Name of Nominee _____ _____	To be furnished in case nominee is a minor
Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (in case of nominee is a minor)	Name of the guardian _____
*PAN _____	Address of guardian _____
	Signature of Nominee / guardian (for minor) _____

Investors who wish to nominate two or three persons may fill in the separate form prescribed for the same and attach it with this application form.

I/We do not wish to nominate

Signature of 1st Applicant / Guardian

Signature of 2nd Applicant

Signature of 3rd Applicant

DECLARATION AND SIGNATURE OF APPLICANT/s

• I / We have read and understood the contents of the Scheme Information Document, Statement of Additional Information and Key Information Memorandum, addenda issued till date and apply to the Trustee of UTI Mutual Fund as indicated above. I / We agree to abide by the terms and conditions, rules and regulations of the scheme as on the date of investment. I / We undertake to confirm that this investment has been duly authorised by appropriate authorities in terms of all relevant documents and procedural requirements.
 • I / We have not received nor been induced by any rebate or gifts, directly or indirectly in making investments. • I/We hereby authorize UTI MF/UTI AMC to share my data furnished in the Form to my distributor and other service providers of the UTI MF for the purpose of servicing, issue of account statement/consolidated statement of account etc and cross selling of products/schemes of the UTI MF.
 • The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. • I / We confirm that we are Non-Residents of Indian Nationality / Origin and that the funds are remitted from abroad through approved banking channels or from my / our NRE / NRO Account. I / We undertake to provide further details of source of funds and any such other relevant documents, if called for by UTI Mutual Fund. (Applicable for NRIs) • I hereby solemnly declare that I am the father/mother/guardian of the minor child in whose name the application is made. The date of birth stated by me is true and correct. • I/We wish to receive E-mail and SMS communication from UTI AMC/ UTI MF.

OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT (SoA) / ABRIDGED ANNUAL REPORT (AAR)∞

Applicable to NRIs

SoA in Physical Form At my Overseas address as mentioned above
 AAR in Physical Form To be despatched to my resident relative's address in India as mentioned above

∞ On providing email-id investors shall receive scheme wise annual report or an abridged summary thereof/ account statements/ transaction confirmation, communication of change of address, change of bank details etc. through email only.

First Applicant Details	*Mobile No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Tel. (R) STD CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Tel. (O) STD CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	*E-mail _____ Alternate E-mail _____		

I/we hereby authorise UTI AMC/ UTI MF to send important information, transaction updates and/or any other relevant details to me/us on WhatsApp number. If you DO NOT wish to receive communication on WhatsApp, tick the box

Signature of 1st Applicant / Guardian / POA^^

Signature of 2nd Applicant / POA^^

Signature of 3rd Applicant / POA^^

Name of 1st Authorised Signatory

Name of 2nd Authorised Signatory

Name of 3rd Authorised Signatory

Designation _____

Designation _____

Designation _____

^^ Power of Attorney (POA) Registration No. _____ (if already registered) (Refer instruction 'aa')

Notes :

1. If the application is incomplete and any other requirement is not fulfilled, the application is liable to be rejected.
2. Consolidated Account Statement (CAS) will be sent within 10 days of the following month of the transaction.
3. **Please ensure that all KYC Compliance Proof and PAN details are given, failing which your application will be rejected. PAN not applicable for Micro SIP.**
4. All communication relating to issue of Statement of Account, Change in name, Address or Bank particulars, Nomination, Redemption, Death Claims etc., may please be addressed to the Registrar :